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CHRONIC RHEUMATIC LARYNGITIS.

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CHRONIC RHEUMATIC LARYNGITIS, OR CHRONIC RHEUMATIC SORE THROAT.

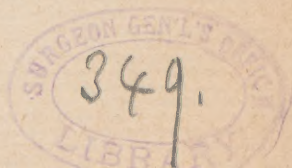
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This is a painful affection of the throat, chronic in character, but varying much in severity from time to time and attended by only slight physical changes in the parts involved. Usually some part of the larynx is affected, and as in the first cases which I observed this organ was always implicated, the first given name was applied to the affection; but I have seen numerous other cases in which other parts of the throat have been affected, and this at times, without involvement of the larynx, therefore the name, Chronic Rheumatic Sore Throat, may be more appropriate.

This is an affection of comparatively frequent occurrence, which has doubtless existed from time immemorial, but so far as I was able to discover by a careful search of the Surgeon-General's library at Washington, no description of it had been given prior to that which I presented in my paper on this subject at the Ninth International Medical Congress, held at Washington, September, 1887. The affection is one so frequently met with, and one which causes so much anxiety, that I make no apology for again directing the attention of the profession to it, believing, as I do, that its recognition by the general profession will often save patients an infinite amount of mental distress, as well as much physical discomfort.

The affection is frequently mistaken for a simple neuralgia of the parts, but it is far too often ascribed to some

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lesion which the unaccustomed eye seems to detect in the normal condition of the parts. Unfortunately, it is *sometimes* supposed, even by the physician, as it *generally is* by the patient, to be one of the early manifestations of cancer.

In one case of the kind which came to me from a neighboring State, the physician being unable to detect the cause of the pain, and discovering something which to him appeared abnormal, had unfortunately told the patient that it had the appearance of cancer. Even though months went by without the development of any lesion, and even though others beside myself repeatedly assured the patient, and temporarily convinced him, that it was not cancer, yet this unfortunate diagnosis, which corroborated the one he had himself made, so preyed upon his imagination that he became a monomaniac upon the subject, and finally, to relieve himself of the threatening spectre, committed suicide.

I have said that I was unable to find any description of the affection in medical literature. However, affections similar in some respects have been described as neuralgia of the pharynx or larynx. Of the latter condition, Sir Morrell Mackenzie, in his classic work on diseases of the throat and nose, says: "It is apparently very rare. * *

* I have met with only nine cases." He says 'that in these cases the pain was either on the right or left side, and darted from the larynx to the ear, but it was usually confined to one side. In all cases it was distinctly intermittent, and in three cases it was relieved by pressure. Eight of the cases recovered under persistent use of quinine and local sedative applications, but all were obstinate.'

Of neuralgia of the pharynx, he says: "The affection has not hitherto been accurately described;" but he states that he has seen many instances of the disease, mostly in young girls, though he did not consider it hysterical. This, like the laryngeal affection, was obstinate. Hanfield Jones, Clinton Wagner, Schnitzler and Turck have reported similar cases, and at the last meeting of the American Laryngo-

logical Association, held in New York, May, 1887, Dr. Chapman, of New Haven, reported several similar cases, which he believed to be of malarial origin.

I have seen many similar cases which were not of rheumatic origin, but I suspect that not a few of the cases which have been described as simple neuralgia, were dependent upon the rheumatic diathesis.

Chronic rheumatic sore throat occurs much the most frequently in men, and it is more common in the fall and spring months than at other times, though it is not infrequent in winter, and it occasionally continues even during the warm weather of summer. The patients in whom I have observed it have all been adults, varying in age from twenty-five to sixty years. I have seen it in all classes—in the seamstress, and in the lady of luxury and ease; in the day-laborer, and in the retired millionaire; in the farmer, the merchant and the professional man. Indeed, it attacks all persons with the same impartiality as does rheumatism, but it is more frequent in those who are subject to sudden exposure.

The disease presents no anatomical characteristics, but in most cases there are circumscribed spots of slight, but changeable, congestion and swelling.

That it is due to the same cause as rheumatism, is proven, first, by the fact that in nearly, if not in all cases the patients have inherited or acquired the rheumatic diathesis and are subject to rheumatic pains in other parts of the body; second, that these pains observe the same laws as other chronic rheumatic pains, as to intermission, remission or exacerbation, with varying conditions of the weather; and, third, by the fact that only those remedies and surroundings which have proven most useful in the treatment of rheumatism seem in any way influential in curing this disease.

The affection comes on insidiously or suddenly, as the

case may be, but usually has existed for weeks or months before the patient consults the physician.

In many of the cases that have come under my observation I have found that many physicians have been consulted, and that almost as many different diagnoses have been given. In some of them the patient has become alarmed from fear of tuberculosis or syphilis, but in most cases there is a fixed fear and dread of cancer. In most cases the general health is good. The patient complains of a localized pain and tender spot over the larynx or upper portions of the throat, and occasionally of pains radiating toward the ears and in other directions, as in neuralgia. The pain may be referred to the thyroid or cricoid cartilages; it may be experienced in the trachea, and it may or may not be aggravated by phonation or deglutition; but it is *nearly always increased* by pressure. More commonly, however, the pain is referred to the cornua of the hyoid bone, and it is more frequent upon the right than upon the left side.

It is occasionally referred to the tonsil, or to the sides of the tongue or upper portions of the pharynx, but during the course of the disease it is apt to shift from place to place, however, being more intense in some of the localized spots just referred to. Frequently these patients suffer from slight rheumatic pains in other parts of the body, which are liable to be confounded with neuralgic pains. Sometimes, in addition to or exclusive of the pain, the patient will complain of a sense of fullness or swelling, of dryness, burning, tickling or itching, or simply of discomfort in the parts.

There is neither fever nor acceleration of the pulse, excepting as the result of anxiety or alarm. Usually there is neither cough nor expectoration, but in certain localities the irritation may excite cough. The tongue may be slightly coated, but usually the appetite is good, and, indeed, the general condition is that of perfect health.

The affection is liable to be mistaken—for varicose veins, or enlarged glands at the base of the tongue; chronic fol-

licular tonsilitis, or glossitis; syphilitic, or tuberculous sore throat; for neuralgia, or for tobacco sore throat, or for cancer. Varicose veins, or enlarged glands at the base of the tongue, and chronic follicular tonsilitis or glossitis, all give rise to various symptoms similar to those complained of by patients suffering from the disease under consideration, but in all these a careful inspection will readily reveal a sufficient cause for the discomfort. Syphilitic sore throat may give rise to painful symptoms, but they are usually associated with ulceration, which does not occur in chronic rheumatic sore throat. Tuberculous sore throat causes localized pain, but it is attended by swelling or ulceration and by constitutional symptoms which do not appear in the rheumatic affection. What has been termed the tobacco sore throat may be attended by *plaques* which would distinguish it from the rheumatic affection, but in other cases the diagnosis must be based on a careful study of the history and the patient's habits.

Neuralgia causes symptoms like those of rheumatism, and can only be distinguished from the latter by the history and the absence of the localized, though slight, congestion and swelling, and occasionally by the difference in the sensations caused by pressure. In neuralgia, the pain may sometimes be relieved by pressure, whereas it is likely to be aggravated in rheumatism, and in neuralgia the pain is less constant, more affected by fatigue and less affected by changes in the weather than in rheumatism. In cases of cancer, the tumor or irregular thickening of the parts or ulceration, will usually distinguish the disease from rheumatism, and in other instances the history and progress of the case will soon enable one to make the proper diagnosis.

The prognosis is doubtless always favorable, so far as life is concerned, but the disease may continue for months or years; though by appropriate treatment it can usually be cured in from six to twelve weeks.

In the treatment, I have found considerable benefit from local sedative or stimulant applications, according to the

nature of the case, but have placed greatest reliance upon the internal remedies which would be indicated in rheumatism of other parts. Of these, salicylate of soda, iodide and bromide of potassium, salol, cimicifuga, phytolacca, guaiac, oil of wintergreen, and stillingia have all been tried with more or less benefit, but I think I have derived the best results from the extract of phytolacca, gr. iii or iv, three or four times a day, with tonics and gentle laxatives, and the occasional use of iodide of potassium; or of the bromide of potassium when the throat symptoms were very annoying.

As local applications, I have derived most benefit from a spray of a mixture of morphia, gr. iv, carbolic acid and tannic acid aa, gr. xxx, glycerine and water aa, drachms iv, to be applied once a day; or a weaker solution of the same applied more frequently. But in some cases tincture of iodine, a sixty-grain solution of nitrate of silver, or a superficial application of the galvano-cautery, has proven useful. The all-important thing is to be sure of the diagnosis, and then to convince the patient that it is not a mortal disease.

Those who are especially interested in the subject I would refer for report of cases, etc. to my previous paper which will be found in the January number of *The American Journal of the Medical Sciences* or in the forthcoming transactions of the Ninth International Medical Congress.

I have seen several cases of the kind, probably thirty or forty in all, but will add reports of two only, simply by way of illustration.

M. M., 35 years of age, laborer, consulted me only a few days since. For four years he had been troubled more or less with his throat, complaining of soreness or rather discomfort in the region of the hyoid bone which was not affected by swallowing. He also complained of the sides of his tongue, and owing to the constant annoyance and the numerous diagnoses, he had imagined various lesions on the

tongue, such as cracks, blisters, etc. During fine weather, either in winter or summer he was frequently free from discomfort, but with changes in the temperature and hygrometric conditions of the atmosphere he would again be troubled with dryness, itching, or discomfort which he called soreness though he admitted it was not actual pain. He had consulted various physicians and had obtained as many different diagnoses and finally he had become much alarmed, believing the trouble to be malignant.

I found that he was subject to rheumatic pains in other parts of the body, that he was not subject to neuralgia and that the parts complained of were of normal appearance; therefore I did not hesitate as to the diagnosis and the remedies to be employed.

This was almost a typical case, though from the descriptions I have given of others it will be found that the throat pain often moves to different parts more than in this instance. The following case illustrates well the more severe manifestations of the disease.

The patient, C. D., age 31, railroad clerk, came to me in Sept., 1887, complaining of soreness in the fauces and larynx. He stated that eighteen months previously he had been attacked by a persistent tickling in the throat which was soon succeeded by pain. At that time the difficulty had become very aggravated, and finally he had been sent south for the winter. After several months he had obtained relief and subsequently had been quite well until shortly before consulting me.

At the time he consulted me he frequently found it difficult to speak because of a catching sensation in the throat, and he was much alarmed for fear of a repetition of his former sickness. His general health was good; there was neither fever nor excitation of the pulse and his digestive organs were acting perfectly. Upon examination of the fauces, I found the right tonsil much enlarged and presenting besides several diseased follicles, a sore spot on its

anterior surface which extended to the anterior pillar of the fauces. This spot was about half an inch in diameter. It was of a bright red color but was not swollen. On touching t great irritation was produced, simulating that from which he constantly suffered.

Although this patient had never suffered from rheumatism, the absence of constitutional symptoms and the absence of specific or tuberculous taint, together with the history of his former attack and the variability of his symptoms with changes of the weather, led me to suspect rheumatic sore throat. Applications of tincture of iodine or solutions of nitrate of silver only aggravated his trouble, and even troches of guaiac were irritating, in consequence of the peculiar sensitiveness of his throat. I removed the tonsil, but without apparent benefit, so far as his symptoms were concerned. After the healing of the wound, he still complained of the tickling and soreness in the throat. At this time, five weeks after he first consulted me, the only abnormal appearance consisted of circumscribed redness on the right pharyngo-epiglottic fold. This was touched with mildly stimulating pigments, but without benefit; indeed, the pain was increased by the remedies. Anti-neuralgic remedies, colchicum and salol and guaiac were given internally, but without apparent benefit, though at times the painful symptoms became much better, but they would soon be aggravated, apparently by changes in the weather. The patient passed several weeks in great discomfort and extreme anxiety, a part of the time being scarcely able to attend to his work; but finally, after the trial of many local and constitutional remedies, I ordered to be taken in capsules four times a day, the extract of colchicum gr. ss, ext. phytolacca gr. ii, and salol gr. iii.

He obtained immediate benefit from these and in a few days was completely cured of the affection, which has not since returned.

